

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000076652 (5)

1. Corporation Name
RUBY FOODS, INC.



Principal Place of Business
2170 NE RUSTIC WAY
M-1
JENSEN BEACH FL 34957
US

Mailing Address
2170 NE RUSTIC WAY
M-1
JENSEN BEACH FL 34957-5524
US

3. Date Incorporated or Qualified 11/04/1993
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 1532 SW 7AVE
Suite, Apt. #, etc.
22
23 Pompano Beach, FL
24 33060 25 Broward 26 1532 SW 7AVE
27 Suite, Apt. #, etc.
28 Pompano Beach, FL
29 33060 30 Broward

4. FEI Number 59-3219190
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DONICA, HERBERT R ESQ
201 E KENNEDY BLVD
SUITE 1500
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name KIM DOUGLAS SHERMAN
82 Street Address (P.O. Box Number is Not Acceptable) 2400 E. OAKLAND PARK BLVD.
83 FORT LAUDERDALE
84 City FL 85 Zip Code 33306

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Kim Douglas Sherman 4/1/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	PUCCIO, JOHN	1.2 NAME	PUCCIO, JOHN
STREET ADDRESS	2170 NE RUSTIC WAY	1.3 STREET ADDRESS	9 ROYAL PALM WAY #502
CITY - ST - ZIP	JENSEN BEACH FL BOCA RATON, FL 33060	1.4 CITY - ST - ZIP	BOCA RATON, FL 33060
TITLE	T	2.1 TITLE	T
NAME	INDIA THURMAN	2.2 NAME	INDIA THURMAN
STREET ADDRESS	9 ROYAL PALM WAY #502	2.3 STREET ADDRESS	9 ROYAL PALM WAY #502
CITY - ST - ZIP	BOCA RATON, FL 33060	2.4 CITY - ST - ZIP	BOCA RATON, FL 33060
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed; or on an attachment with an address.

SIGNATURE: 4/1/97 954-786-4980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)